



2020



MEDI-PAK[®] ADVANTAGE (PFFS)

Choose a plan that's right for you.

Arkansas Blue Cross and Blue Shield is a PFFS plan with a Medicare contract. Enrollment in Arkansas Blue Cross and Blue Shield depends on contract renewal.

CHOOSE EXPERIENCE AND RELIABILITY

Arkansas Blue Cross and Blue Shield is a local company that has been serving our community for more than 70 years. Arkansas is our home. Our name has come to mean stability and respect in the healthcare industry. Count on us for reliable health coverage and member services with a personalized touch.



MEDICARE ADVANTAGE

A smart choice for your Medicare coverage

What are Medicare Advantage plans?

Medicare Advantage plans (Medicare Part C) are health plans approved by Medicare and run by private insurance companies, like Arkansas Blue Cross and Blue Shield. They include Part A (hospital insurance), Part B (medical insurance) and in many cases, Part D (prescription drug) coverage. They can also include extra benefits and services like routine care and wellness programs.

PART C: MEDICARE ADVANTAGE



Why choose Arkansas Blue Cross and Blue Shield Medi-Pak Advantage (PFFS) plan vs. Original Medicare?

With our Medi-Pak Advantage (PFFS) plans, you get:

- Convenience: All of your coverage from a single health plan.
- Options: The option of a prescription drug plan included.
- Benefits: Access to additional benefits, such as wellness programs, dental, and hearing.
- Financial protection: Included in Medi-Pak Advantage (PFFS) with the annual maximum out-of-pocket limit for covered medical expenses.

Satisfaction

Medicare Advantage plans are growing in popularity with more than 22 million members nationwide.

Source: Centers for Medicare & Medicaid Services (CMS) Monthly Summary Report (Data as of May 2019)



QUESTIONS? TALK TO US.

For more information about our plan choices, call toll-free 1-844-298-2444 (TTY 711). Or visit, arkansasbluecross.com/Medicare.

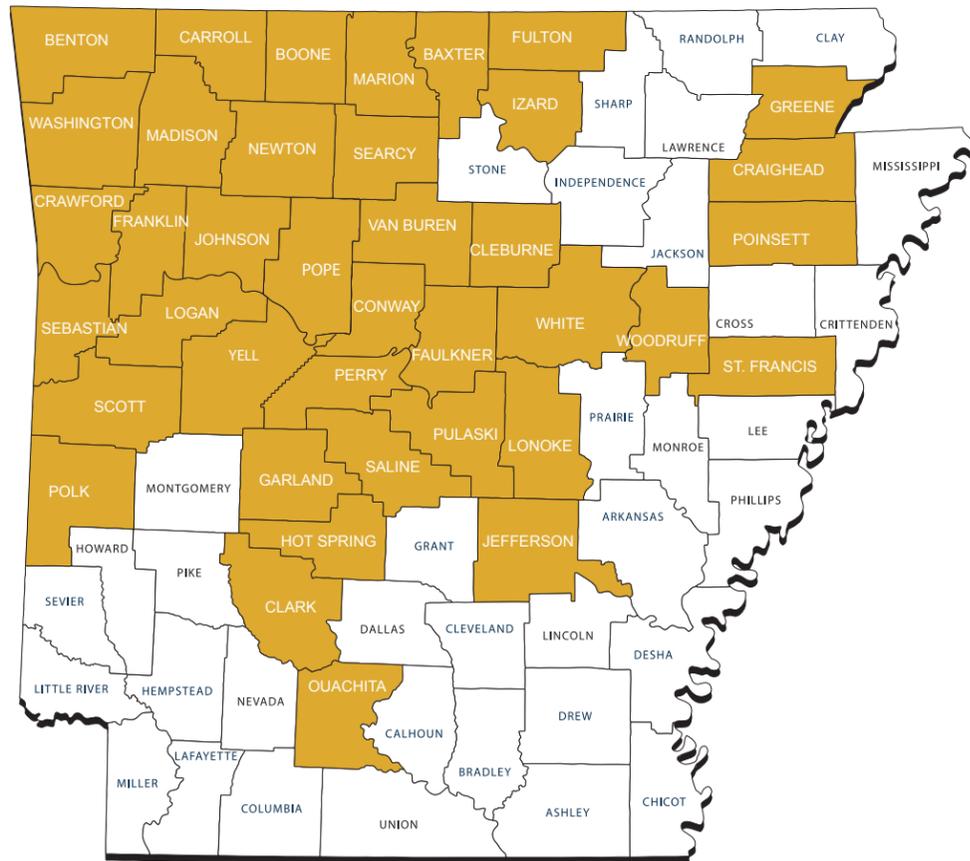
OUR MEDICARE ADVANTAGE PLAN

Enjoy more total coverage than Original Medicare, with predictable costs.

Our Medi-Pak Advantage (PFFS) plans are available in select counties in Arkansas. These plans are partially funded by the federal government. This ensures your premiums are kept affordable. Our Medi-Pak Advantage (PFFS) plans give you the flexibility to have medical-only coverage or get medical and Medicare Part D drug benefits in one plan. Either way, you'll enjoy low monthly premiums and access to complete care when you're at home.

Medi-Pak Advantage (PFFS) plans are available to residents in the following counties:

Baxter	Conway	Garland	Logan	Perry	Scott	White
Benton	Craighead	Greene	Lonoke	Poinsett	Searcy	Woodruff
Boone	Crawford	Hot Spring	Madison	Polk	Sebastian	Yell
Carroll	Faulkner	Izard	Marion	Pope	St. Francis	
Clark	Franklin	Jefferson	Newton	Pulaski	Van Buren	
Cleburne	Fulton	Johnson	Ouachita	Saline	Washington	



Convenient care that can save you money

Medicare Advantage is designed to be the only health insurance plan you need. No matter which of our plans you choose, you will receive coverage for a wide array of healthcare services – including doctor visits, hospital care, and prescription drug coverage – all in one plan. Simply pay a low monthly premium and get everything Original Medicare covers plus extra benefits.

Flexible care

Private-Fee-for-Service plans, such as Medi-Pak Advantage (PFFS), have a provider network. As a member, you're able to see any of the network providers. You can also choose an out-of-network doctor or hospital that accepts the plan's terms, but you might pay more. Out-of-network/non-contracted providers are under no obligation to treat Medi-Pak Advantage (PFFS) members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. As a PFFS plan, we set the rates we pay healthcare providers and hospitals. Staying in the network can keep your out-of-pocket costs lower and maximize your Medicare coverage.

Preventive care coverage

Like Medicare, our plans provide coverage for important preventive care – including immunizations, flu shots, and more. Our plans also offer coverage for an annual physical.

Dental coverage

Our plans cover preventive dental services not typically covered by Original Medicare. Coverage includes two oral exams, two routine cleanings, and one set of routine X-rays per calendar year. This cost effective reimbursement plan for covered services allows you to select the licensed dentist of your choice.

Hearing benefit

To help lower your out-of-pocket costs even more, our covered services also include a \$0 routine hearing exam once every 12 months and related hearing tests furnished as part of a covered hearing exam. We also offer 2 hearing aids a year (one per ear per year) at reduced copayments of \$699 or \$999 depending on the type of hearing aid. In addition, we offer 3 hearing aid fittings at no cost within one year of hearing aid purchase.

Preventive Benefits	<ul style="list-style-type: none"> Bone density test Glaucoma testing Diabetes prevention program Hepatitis C screening
Immunizations	<ul style="list-style-type: none"> Flu Pneumococcal Hepatitis B
Welcome to Medicare Visit	<ul style="list-style-type: none"> Medicare will cover a one-time routine physical exam within the first 12 months that you are enrolled in Part B coverage
Routine Exam	<ul style="list-style-type: none"> Annual physical exam
Health Screenings	<ul style="list-style-type: none"> Mammograms Prostate cancer Colonoscopy Pap smear

FLEXIBLE COVERAGE

Affordable Care

- Low-premium medical only or medical and Part D drug benefit plans
- \$0 Fitness benefit
- Affordable copays
- Preventive services
- No in-network referrals needed
- Worldwide emergency/urgent care
- Dental and hearing
- 24-Hour nurse line

See the Summary of Benefits for more information.



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TRAVELING

Worldwide emergency and urgent care coverage

Access urgent care whenever you need it, wherever you travel. Worldwide coverage is just another way we give you the confidence that comes with being an Arkansas Blue Cross and Blue Shield member.

Access your benefits using the Global Core program offered by the Blue Cross Blue Shield Association. Global Core allows you to receive urgent/emergency care from participating providers.

Also, the Blue Cross Blue Shield Global Core is accepted by all Blue plans in 200 countries around the world.

Limitations and exclusions apply.



BENEFITS DESIGNED FOR YOUR NEEDS

Yes, prescription drug coverage can be included

As an MAPD Medi-Pak Advantage (PFFS) member, you have the opportunity to access your drugs at a lower cost through our preferred network of pharmacies. Plus, we offer convenient home delivery of your medications with our mail order program.

The pharmacy network may change at any time. You will receive notice when necessary.

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

The amount of extra help you get will determine your total monthly plan premium as a member of our plan. These premiums include coverage for both medical services and prescription drugs. They do not include any Medicare Part B premium you may have to pay. For more information, please refer to the Summary of Benefits.

Many people are eligible for these savings on prescription drugs and don't even know it. For more information, or to see if you qualify, contact:

- 1-800-Medicare (1-800-633-4227). TTY users call 1-877-486-2048 (24 hours a day/7 days a week), or
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778, between 7 a.m. and 7 p.m., Eastern time, Monday through Friday.

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Welvie® empowers you

Designed by surgeons, Welvie walks you through the entire surgery decision-making process, from diagnosis to recovery, in a unique web-based step-by-step process.

(Welvie® is an independent company contracted by Arkansas Blue Cross and Blue Shield to provide services to our members. Welvie provides a surgery decision support program.)

When it comes to health information, you need a source you can trust

The toll-free Nurse24sm nurse line, brought to you as a free service as part of your health plan, gives you access to a registered nurse 24 hours a day, 7 days a week, 365 days a year. An experienced nursing staff is ready to help you make informed health care choices. Best of all, this confidential program is available by calling toll-free, 1-800-318-2384. TTY: 711.

Registered nurses are available to offer you reliable and timely information to help you achieve a better level of health.

Registered nurses can provide you with information on:

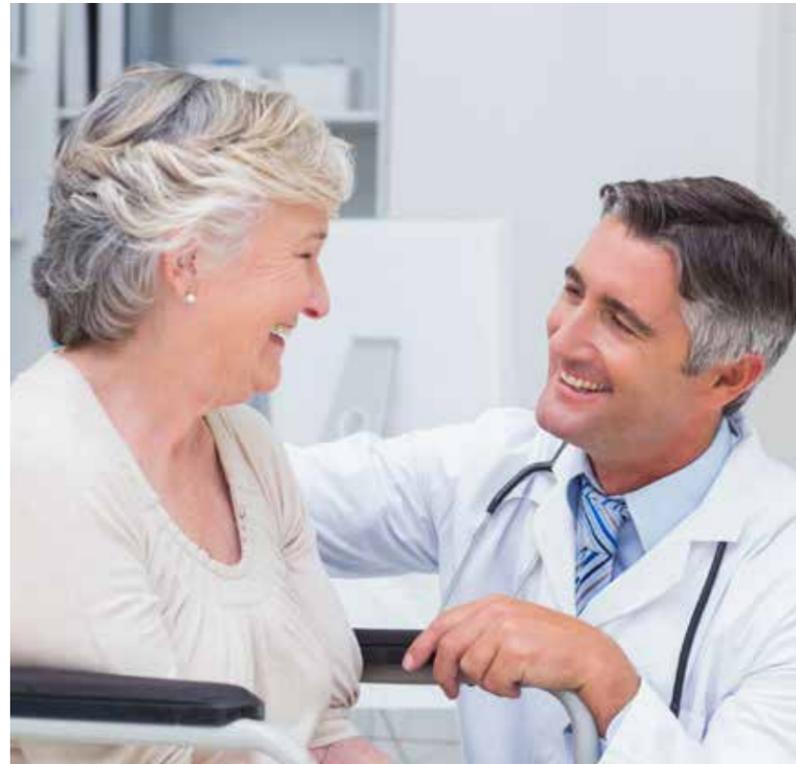
- Home treatment of minor illness and injury
- When to call a health professional and how to effectively communicate with your doctor
- How to prepare for doctor visits
- How to make wise decisions about tests, medications and procedures
- How to make lifestyle choices to improve your health
- Understanding your prescription medications and how to make them work for you

There is no cost for calling this toll-free nurse line. Bilingual nurses are available 24 hours a day, 7 days a week, and 365 days a year.

Call us anytime. We are waiting to hear from you!

Care management and behavioral health services when you need them

Our care management services help you stay healthy, enhance your quality of life, and support recovery. If you have a qualifying condition, your own care management nurse will build a personal care plan for you. For emotional or mental distress, including depression and drug or alcohol abuse, a specialized case manager will work with you to get the right care and services arranged.



SILVERSNEAKERS® FITNESS PROGRAM

Stay fit with Tivity Health's Silver Sneakers®

Tivity Health is an independent company contracted with Arkansas Blue Cross and Blue Shield to provide a fitness benefit to our members. This fitness program helps you take greater control of your health through an innovative (and fun!) blend of exercise, healthy lifestyle, and social activities. SilverSneakers provides membership at participating fitness locations as well as access to classes designed for older adults – all at no additional cost to you!

SilverSneakers includes:

SilverSneakers Fitness Program

Achieve your health and fitness goals with access to more than 16,000 fitness locations nationwide. This means SilverSneakers follows you when you travel.* You can:

- Use the exercise equipment and other basic amenities like pools and saunas. Plus, take SilverSneakers classes. Classes and amenities vary by location.
- Receive guidance and assistance from a Program Advisor.™
- Enjoy fun social activities.

SilverSneakers FLEX™, which includes:

- More than 70 types of classes such as dance, tai chi, yoga and walking groups.
- Activities at parks, recreation centers, and other local venues.
- Online class/activity locator.

SilverSneakers Steps®

At-home kits are available for those who:

- Have a disability.
- Are recovering from a medical procedure or illness.
- Live in a rural area.

College Save

As a SilverSneakers member, you can save thousands of dollars on tuition for your loved ones, simply by working out at a participating SilverSneakers location. To learn more about this program visit: <https://www.collegesave.org/silversneakers/>

Online resources

Log on to the SilverSneakers member website, where you'll find online resources, including:

- Tools to access your health information and track your activity.
- Fitness advice.
- Meal plans and healthy recipes.
- Connection with the SilverSneakers community for added support.

*Limitations and exclusions apply. Visit silversneakers.com to learn more.

QUESTIONS? TALK TO US.

For more information about our plan choices, call toll-free 1-844-298-2444 (TTY 711).

Or visit, arkansasbluecross.com/Medicare.

WHEN TO ENROLL

Initial Coverage Election Period

The period during which an individual is newly eligible for a Medicare Advantage plan is called the Initial Coverage Election Period (ICEP). Normally, this period begins three months before the individual's first entitlement to both Medicare Part A and Part B and ends three months after the month of eligibility. For most individuals, this means the ICEP begins three months before you turn age 65 and ends three months after the month in which you turn 65.



However, for individuals who defer their enrollment into Part B, the ICEP is only the three months immediately preceding entitlement to Part B. This would apply to those who continue to work.

Annual Election Period (October 15 – December 7)

The Annual Election Period (AEP) is October 15 through December 7. Coverage would be effective January 1. AEP is open to individuals on Medicare who (a) have not yet joined a plan or (b) are already enrolled in a plan and want to switch. During AEP you can:

- Join a Medicare Advantage medical plan or Part D prescription drug plan.
- Switch to a different Medicare Advantage medical plan or Part D prescription drug plan. You cannot join a Medicare Advantage plan that includes Part D drug coverage and a stand-alone Part D plan at the same time.
- Change from a plan with Medicare Part D prescription drug coverage to one without it.
- Disenroll from a Medicare Advantage plan.

Special Election Period

With Medicare Advantage, special circumstances may mean you have a Special Election Period during which you can switch your plan, including if you:

- Are moving out of your current plan's service area
- Move into or out of a facility, such as a nursing home
- Qualify for "Extra Help" (you get both Medicare and Medicaid, receive Supplemental Security Income or apply for and receive federal financial help, or you're a beneficiary of the Part D low income subsidy (LIS)).

READY TO ENROLL

Medicare can be complex, enrolling in our plans is easy

Enroll in our Medicare Advantage plans online, by phone, or by mail. You'll need your red, white, and blue Medicare card. Anyone eligible for Medicare in your household must enroll with their own enrollment form.

Step 1: Confirm your eligibility

- Must have Medicare Part A and Part B
- Reside in the plan's service area
 - Arkansas Blue Cross and Blue Shield Medicare Advantage MA and MAPD (PFFS) plans are available in Baxter, Benton, Boone, Carroll, Clark, Cleburne, Conway, Craighead, Crawford, Faulkner, Franklin, Fulton, Garland, Greene, Hot Spring, Izard, Jefferson, Johnson, Logan, Lonoke, Madison, Marion, Newton, Ouachita, Perry, Poinsett, Polk, Pope, Pulaski, Saline, Scott, Searcy, Sebastian, St. Francis, Van Buren, Washington, White, Woodruff, and Yell counties.
- Continue to pay Medicare Part B premium (in addition to your Medicare Advantage plan premium)
- Do not have End Stage Renal Disease (ESRD)

Step 2: Choose a plan that best fits your needs

As you consider your healthcare needs and estimate your costs, answering these questions can help ensure you choose wisely:

- Are the doctors I want to see in the network?
- How often do I see my primary care physician?
- How often do I see a specialist?
- How many times have I been in the hospital in recent years?
- What prescription drugs do I take?
- Are my prescription drugs costly?

Step 3: Enroll

-  Call 1-844-298-2444 (TTY 711)
8 a.m. to 8 p.m. Central time, Monday through Friday Apr. 1 through Sept. 30.
and 8 a.m. to 8 p.m. Central time, seven days a week Oct. 1 through Mar. 31.
-  Visit arkansasbluecross.com/Medicare.
-  Complete the enclosed application and mail it to us.

QUESTIONS? TALK TO US.

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Or visit, arkansasbluecross.com/Medicare.



WHAT YOU NEED TO KNOW ABOUT

Medicare Advantage Plans

You are still in Medicare.

In most cases, you enroll in a plan for a year.

You can only join a plan at certain times during the year.

You still get complete Part A and Part B coverage as long as you continue to pay your Part B premium.

Once you reach the yearly out-of-pocket limit of a plan for medical services, you pay nothing more for covered services.

You can call the plan before you receive care to see if the services are covered and what your costs may be.

You can join a plan even with a pre-existing condition, with the exception of end stage renal disease.

No payment is needed when you enroll. We'll send a letter to confirm your intent to join the plan. This usually happens within 30 days. Once enrolled, you'll get a member ID card and a Welcome kit with information about how to use your benefits.

3 REASONS

To Choose Arkansas Blue Cross and Blue Shield

- 1.** We offer a low cost plan that includes medical coverage with or without prescription drug coverage. You may also qualify for "Extra Help" with prescriptions.
- 2.** We've built strong relationships with doctors and hospitals in our network that you can trust.
- 3.** Like you, Arkansas is our home. We've served the people of this state for 70 years.

QUESTIONS? TALK TO US.

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WHAT YOU SHOULD KNOW

GLOSSARY

Annual Enrollment Period – The Annual Election Period (AEP) is for individuals on Medicare who (a) have not yet joined a plan OR (b) are already enrolled in a plan and want to switch, with coverage effective January 1.

Benefit Period – The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you have not received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.

Blue Cross Blue Shield Global Core – A program that allows for reimbursement of funds used for urgent and emergency care obtained when traveling outside of the United States.

Coinsurance – An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

Copayment – A fixed dollar amount you pay for healthcare, such as an office visit, medical test or prescription drug.

Deductible – The amount you must pay before your plan begins to pay its share.

Drug Tiers – Drugs on a formulary are usually grouped into tiers. The tier that your medication is in determines your portion of the drug cost.

Extra Help – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, coinsurances and copayments.

Formulary – A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

Gap Coverage – Begins once your total prescription drug costs reach \$4,020 and ends once your out-of-pocket costs reach \$6,350.

Initial Coverage Election Period (ICEP) – The period during which an individual is newly eligible for a Medicare Advantage plan. Normally, this period begins three months before the individual's first entitlement to both Medicare Part A and Part B and ends three months after the month of eligibility. For most individuals, this means the ICEP begins three months before you turn age 65 and ends three months after the month in which you turn 65. However, for individuals who defer their enrollment into Part B (because, for example, they've continued to work), the ICEP is only the three months immediately preceding entitlement to Part B.

Initial Enrollment Period – When you are first eligible for Medicare, the period of time when you can sign up for Medicare Part A and Part B. For example, if you're eligible for Medicare when you turn 65, your Initial Enrollment Period is the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

Medicare Part A – Helps cover hospital, skilled nursing facility, hospice care and home healthcare.

Medicare Part B – Helps cover doctor services, outpatient care, durable medical equipment (DME) and some preventive services.

Medicare Part C – Insurance plans offered by private companies that include Medicare Parts A and B, plus may cover some additional services and offer certain health/wellness programs. Most Medicare Advantage plans offer prescription drug coverage. (Medicare Part D).

Medicare Part D – Medicare Part D is prescription drug coverage, and helps cover the cost of many outpatient prescription drugs. If you enroll in a Medicare Advantage Plan this drug coverage is usually included in the plan, otherwise it is offered through insurance companies as a separate plan.

Maximum Out-of-Pocket (MOOP) – the total amount the member will spend in a year on copayments and coinsurance for covered medical services.

Preferred Pharmacy – Network pharmacy that offers covered Part D drugs to members of our plan that may have lower cost-sharing levels than at other network pharmacies.

Service Area – A geographic area where a health plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services. The plan may disenroll you if you permanently move out of the plan's service area.

Special Enrollment Period – A set time when members can change their health or drug plans or return to Original Medicare. Situations in which you may be eligible for a Special Enrollment Period include: if you move outside the service area, if you are getting "Extra Help" with your prescription drug costs, if you move into a nursing home, or if we violate our contract with you.

Total or True Out-of-Pocket (TrOOP) – the expenses that count toward a member's Medicare Part D drug plan out-of-pocket threshold.



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Arkansas Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

Tivity Health™ SilverSneakers® Fitness Program* is not a gym membership, but a specialized program designed specifically for seniors. This is not a covered benefit for gym memberships or fitness programs that are not part of the Tivity Health SilverSneakers Fitness Program.

* SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc.
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Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

**IS AN ARKANSAS BLUE CROSS AND BLUE SHIELD
MEDICARE ADVANTAGE PLAN THE RIGHT PLAN
FOR YOU? FIND OUT FOR YOURSELF.**

BY PHONE

Call **1-844-298-2444 (TTY 711)**

8 a.m. to 8 p.m. Central time, seven days a week

Oct. 1 through Mar. 31.

8 a.m. to 8 p.m. Central time, Monday through Friday

Apr. 1 through Sept. 30.

IN PERSON

- Attend a local meeting. See the enclosed schedule of seminars or visit our website for a listing.
- Schedule a face-to-face appointment at arkansasbluecross.com/locations.

ONLINE

Visit arkansasbluecross.com/Medicare.